



**Secretary of State
Business Programs Division**

Business Entities - Records, P.O. Box 944260, Sacramento, CA 94244-2600

June 4, 2014

PAUL NICOLETTI
33717 WOODWARD AVE STE #433
BIRMINGHAM MI 48009

RE: MALIBU MEDIA, LLC 201103910088

This letter is in response to your request for information.

A refund for overpayment in the amount of \$7.00 will be processed and mailed in approximately six to eight weeks. Note: Refunds cannot be applied to future requests.

Certification and Records
Business Entities Section



State of California Secretary of State

Limited Liability Company Articles of Organization

LLC-1

File #

201103910088

FILED
in the office of the Secretary of State
of the State of California

FEB 08 2011

A \$70.00 filing fee must accompany this form.

Important - Read instructions before completing this form.

This Space For Filing Use Only

Entity Name (End the name with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)

1. NAME OF LIMITED LIABILITY COMPANY

MALIBU MEDIA, LLC

Purpose (The following statement is required by statute and should not be altered.)

2. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.

Initial Agent for Service of Process (If the agent is an individual, the agent must reside in California and both Items 3 and 4 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 3 must be completed (leave Item 4 blank).)

3. NAME OF INITIAL AGENT FOR SERVICE OF PROCESS

BRIGHAM FIELD

4. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORNIA CITY STATE ZIP CODE

4237 AVENIDA DE LA ENCINAL

MALIBU CA 90265

Management (Check only one)

5. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY:

☐

ONE MANAGER

☒

MORE THAN ONE MANAGER

☐

ALL LIMITED LIABILITY COMPANY MEMBER(S)

Additional Information

6. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.

Execution

7. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

FEBRUARY 4, 2011

DATE

SIGNATURE OF ORGANIZER

LISA A. GALLO

TYPE OR PRINT NAME OF ORGANIZER

The seal of the State of California is a circular emblem. It features a central figure of a Native American holding a bow and arrow. The text "THE GREAT SEAL OF THE STATE OF CALIFORNIA" is inscribed around the perimeter. The word "EUREKA" is written above the central figure.

JUN 04 2014

Debra Bowen
DEBRA BOWEN, Secretary of State



State of California

Secretary of State

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STATEMENT OF INFORMATION

(Limited Liability Company)

7

Filing Fee \$20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME
Malibu Media, LLC

FILED
Secretary of State
State of California

JAN 17 2013

This Space For Filing Use Only

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER
201103910088

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)

No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.
- ☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

	CITY	STATE	ZIP CODE
5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE 409 W. Olympic Blvd	Los Angeles, CA		90015
6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5			
7. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY) 409 W. Olympic Blvd	Los Angeles	CA	90015

Name and Complete Address of the Chief Executive Officer, If Any

8. NAME	ADDRESS	CITY	STATE	ZIP CODE
Brigham Field	409 W. Olympic Blvd	Los Angeles, CA		90015

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

9. NAME	ADDRESS	CITY	STATE	ZIP CODE
Brigham Field	409 W. Olympic Blvd	Los Angeles, CA		90015
10. NAME	ADDRESS	CITY	STATE	ZIP CODE
Colette Leah	409 W. Olympic Blvd	Los Angeles, CA		90015
11. NAME	ADDRESS	CITY	STATE	ZIP CODE

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS
Brigham Field

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
409 W. Olympic Blvd	Los Angeles, CA	CA	90015

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY
The business is authorized to pursue any lawful business, at present, does video, photographic and internet entertainment

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

August, 2012

Brigham Field

Manager

DATE

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

TITLE

SIGNATURE

LLC-12 (REV 01/2012)

APPROVED BY SECRETARY OF STATE



State of California Secretary of State

STATEMENT OF INFORMATION (Limited Liability Company)

68

Filing Fee \$20.00. If this is an amendment, see instructions.

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IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Secretary of State
State of California

OCT 24 2013

1. LIMITED LIABILITY COMPANY NAME

Malibu Media, LLC

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This Space For Filing Use Only

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER

201103910088

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)

California

No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

409 W Olympic Bl. Suite 501

CITY

Los Angeles

STATE

CA

ZIP CODE

90015

6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5

CITY

STATE

ZIP CODE

7. STREET ADDRESS OF CALIFORNIA OFFICE

409 W Olympic Bl. Suite 501

CITY

Los Angeles

STATE

CA

ZIP CODE

90015

Name and Complete Address of the Chief Executive Officer, If Any

8. NAME

Brigham Field

ADDRESS

409 W Olympic Bl. Ste 501

CITY

Los Angeles

STATE

CA

ZIP CODE

90015

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

9. NAME

Brigham Field

ADDRESS

409 W Olympic Bl. Ste. 501

CITY

Los Angeles

STATE

CA

ZIP CODE

90015

10. NAME

Colette Pelissier

ADDRESS

409 W Olympic Bl. Ste. 501

CITY

Los Angeles

STATE

CA

ZIP CODE

90015

11. NAME

ADDRESS

CITY

STATE

ZIP CODE

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12. NAME OF AGENT FOR SERVICE OF PROCESS

Brigham Field

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

409 W Olympic Bl. Ste. 501

CITY

Los Angeles

STATE

CA

ZIP CODE

90015

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

Video, photographic, and internet entertainment

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

10-21-13

DATE

Colette Pelissier

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

Managing Member

TITLE

SIGNATURE

LLC-12 (REV 01/2013)

APPROVED BY SECRETARY OF STATE



I hereby certify that the foregoing transcript of 2 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

JUN 04 2014

Date:

imake

DEBRA BOWEN, Secretary of State